

**APPLICATION FOR USANAF EMPLOYEE 401(k) SAVINGS PLAN
ENROLLMENT FORM**

1. EMPLOYEE NAME			2. SEX	3. STANDARD NAF #	4. TRANSACTION CODE
LAST NAME	FIRST NAME	MI			
5. SOCIAL SECURITY NUMBER	6. DATE OF BIRTH (DOB)		7. MARRIED	8. TRANSFER DATE	9. REGULAR APPT. DATE
	DAY	MONTH	YEAR	DAY	MONTH
	YEAR			DAY	MONTH
				YEAR	DAY
					MONTH
					YEAR

10. CONTRIBUTION INFORMATION:

I ELECT ONE OF THE FOLLOWING:

START CONTRIBUTIONS	STOP CONTRIBUTIONS	CHANGE CONTRIBUTIONS	REINSTATEMENT	CONTINUE CONTRIBUTIONS
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I CHOOSE TO CONTRIBUTE THE FOLLOWING PERCENTAGE OF MY PAY _____ %

(PERCENTAGE AMOUNTS MUST BE IN WHOLE PERCENTAGES BETWEEN 1% AND 100% INCLUSIVE).

EFFECTIVE DATE OF THIS ELECTION WILL BE THE DATE THE EMPLOYEE SIGNS THE FORM. CONTRIBUTIONS WILL BEGIN TO BE DEDUCTED ON THE FIRST DAY OF THE FIRST FULL PAYPERIOD, ON OR AFTER TH DATE OF ELECTION. CANNOT EXCEED ANNUAL MAXIMUM CONTRIBUTION AMOUNT, DETERMINED BY THE INTERNAL REVENUE SERVICE.

I am transferring from another Army NAFI
My position converted from NAF to AF

11. DESIGNATION OF BENEFICIARY(IES) FOR USANAF 401(K) SAVINGS PLAN - SPOUSAL CONSENT IS OPTIONAL AND NO NOTARY IS REQUIRED.

As a participant in the U.S. Army NAF Employee 401(k) Savings Plan, I hereby designate the following person(s) as the beneficiary(ies) of any amounts distributable upon my death. If I have designated both a primary beneficiary(ies) and a secondary beneficiary(ies), all of the amounts distributable from the Plan will be distributed at the time of my death to each surviving primary beneficiary in equal shares. If no primary beneficiary survives me, each surviving secondary beneficiary(ies) shall receive all amounts distributable from the Plan in equal shares. I can change the designation at any time by filing a new designation with the U.S. Army NAF Employee Benefits Office. This designation is subject to the terms of the Plan, and is effective if received in the USANAF Employee Benefits Office prior to my death. Include full name, relationship, complete mailing address, zip code. NOTE: If you are married and you wish to designate someone other than, or in addition to, your spouse as primary beneficiary, your spouse must consent in writing and the signature must be notarized. See Box 12 Below.

<small>Percentage</small>	Primary	Name	Address	City/State/Zip	Relationship
	Primary	Name	Address	City/State/Zip	Relationship
	Secondary	Name	Address	City/State/Zip	Relationship
	Primary	Name	Address	City/State/Zip	Relationship
	Secondary	Name	Address	City/State/Zip	Relationship
	Primary	Name	Address	City/State/Zip	Relationship
	Secondary	Name	Address	City/State/Zip	Relationship
	Primary	Name	Address	City/State/Zip	Relationship
	Secondary	Name	Address	City/State/Zip	Relationship

12. SPOUSAL CONSENT FOR NON-SPOUSE PRIMARY BENEFICIARY DESIGNATION - SPOUSAL CONSENT IS OPTIONAL AND NO NOTARY IS REQUIRED.

STATE OF _____

COUNTY OF _____

SPOUSE'S NAME: _____

SPOUSE'S SIGNATURE: _____

SUBSCRIBED AND SWORN BEFORE ME
THIS _____ DAY OF _____, 200____.

RAISED SEAL REQUIRED

NOTARY PUBLIC FOR ABOVE-MENTIONED STATE
MY COMMISSION EXPIRES: _____
NOTARY NAME: _____

I consent to the beneficiary(ies) designated by my spouse on this form. I acknowledge that upon the Participant's death, the effect of my consent is the following: If only one primary beneficiary is listed, the entire amount distributable under the Plan will be distributed to the designee, if living, and will not be distributed to me. If another or others are listed in addition to me as a primary beneficiary(ies) a portion of the amount distributed will be received by the surviving designees. If I am a secondary beneficiary, I will not receive any amount if any primary beneficiary is living at the time of the Participant's death. If no primary beneficiary is living, and others are listed with me as a secondary beneficiary, a portion of the amounts distributed will be received by the surviving designees and will not be received by me.

NOTE: UPON MY INITIAL ENROLLMENT IN THE USANAF 401(K) SAVINGS PLAN, I UNDERSTAND THAT MY DEFERRAL PERCENTAGE WILL BE INVESTED IN THE FIDELITY RETIREMENT MONEY MARKET FUND. IT IS MY RESPONSIBILITY TO CONTACT FIDELITY AT 1-800-835-5093 AFTER THE FIRST WITHHOLDING FROM MY PAY TO TRANSFER MY MONEY FROM ONE FUND TO ANOTHER.

EMPLOYEE INITIALS

13. AUTHORIZATION

EMPLOYEE SIGNATURE _____	DATE: _____
CPU SIGNATURE _____	DATE: _____

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 USC 552a)

AUTHORITY: Internal Revenue Code, Section 401(k)

PRINCIPAL PURPOSE(S): To enroll Army NAF Employees and former Army NAF employees participating in accordance with P.L. 101-508 or 104-106, in the Army NAF Employee 401(k) Savings Plan and to update their records once enrolled.

ROUTINE USES: To establish and maintain records of eligible participating and former participating NAF employees. To furnish verifying data to the commercial investment companies that manage the funds.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION: Disclosure is voluntary. Failure to provide information will result in employee not being enrolled in the Employee 401(k) Savings Plan.

INSTRUCTIONS FOR COMPLETING APPLICATION FOR USANAF EMPLOYEE 401K SAVINGS PLAN ENROLLMENT FORM (SEND COPIES TO: USANAF EMPLOYEE BENEFITS, P.O. BOX 107, ARLINGTON, VA 22210-0107 AND NAF FINANCIAL SERVICES, TEXARKANA, TX)

ITEM

1. Enter last name, first name and middle initial
2. Self explanatory
3. Enter standard NAFI number (SNN) assigned in accordance with AR 215-1, Appendix G or provide the installation code and work center from the earnings and leave statement
4. Transaction Code. Enter one of the codes stated below:

01-New enrollment. Employee elects to start contributions

02-Transferred Employee. (Gaining NAFI only completes this transaction to ensure continuance of retirement.)
Losing NAFI not required to complete this form, but a copy of DA 3434 is still required.

03-Re-instatement/Re-employment. Use this code for former participating employees who were re-employed within 5 years. Forfeitures will be restored if re-instated in Army NAF position before the end of 5 years after termination.

06-Stop 401(k) Savings plan contributions.

07-Change Deferral Percentage.

24-Change of 401(k) Savings Plan beneficiary of record. If married, beneficiary must be spouse, unless block 12 is completed.

5. Self explanatory
6. Self explanatory
7. Self explanatory
8. Complete this field only if employee is transferring in from another Army NAFI or to an AF position in accordance with P.L. 104-106.
9. Enter earliest date in an eligible status (regular appointment date)
10. Re-instatement should only be checked if the employee is re-employed before the end of 5 years after separation. If employee transfers between Army NAFI's and is participating, CONTINUE CONTRIBUTIONS BOX must be checked.

If employee's position is converted to Appropriated Fund and the employee has participated in the USANAF Retirement Plan for 5 years, employee may elect to remain in the 401(k) Savings Plan, only if he/she remains participating in the USANAF Retirement Plan. Both elections must be made within 30 days of transfer or hire date. P.L. 104-106 allows up to a 1 year break between employment systems, to exercise portability of benefits for retirement plan purposes.. Must also complete NAF-CSRS-FERS form "ELECTION TO RETAIN NAFI RETIREMENT COVERAGE AS A RESULT OF A MOVE FROM A NONAPPROPRIATED FUND POSITION TO A CIVIL SERVICE POSITION AFTER AUGUST 9, 1996", and send to the Army NAF Employee Benefits Office, appropriated fund servicing civilian payroll center and employee's OPF. Questions should be directed to the Army NAF Employee Benefits Office at 703-681-7262. NAF-CSRS-FERS form is available at www.nafbenefits.com.

11. Must designate at least one primary beneficiary. (Further instructions on front of form)
12. Spouse is legal beneficiary unless he/she waives his/her entitlement.
13. Employee and Civilian Personnel Unit, must sign and date this form to commence withholding from paycheck. Form must be submitted to the employee's servicing civilian pay office immediately upon signing.